PART B - FEE(S) TRANSMITTAL and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Compl Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 APR 0 6 2007 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate appropriate and further confessorable confessorable confessorable confessorable below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee nonficiations. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Black I for any change of eddress) 11/15/2006 003017 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. BARLOW, JOSEPHS & HOLMES, LTD. 101 DYER STREET **5TH FLOOR PROVIDENCE, RI 02903** (Depositor's name) (Signature (Date CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. FILING DATE APPLICATION NO 2530 A042 P00993-US1 Richard E. Swan 03/29/2004 10/811.795 TITLE OF INVENTION: MODULAR SLEEVE PUBLICATION FEE DUE | PREV. PAID ISSUE FEE DATE DUE TOTAL FEE(S) DUE ISSUE FEE DUE SMALL ENTITY APPLN. TYPE 02/15/2007 5700 \$700 YES \$700 nonprovisional **CLASS-SUBCLASS** ART UNIT **EXAMINER** 042-071010 3641 ELDRED, JOHN W Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🔲 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ta. The following fee(s) are submitted: A check is enclosed. Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02 0400 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered atterney or agent, or the assignee or other party in necess as shown by the records of the United Spares Patent and Trademark Office.

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